

2573

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No.

255

Registrar's No.

1. Place of Death: (a) County Maricopa (b) City or Town Glendale (c) Location Lat 179 C Ave  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution 12 yrs; In Community same; In Arizona life  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Ariz; (b) County Maricopa; (c) City or Town Glendale  
(If outside city limits also write RURAL)  
(d) Street No. Lat 179 C Ave; (e) Citizen of foreign country (Yes or No) no  
3. (a) FULL NAME Nicholas Perkes (b) If Veteran name war none (c) Social Security No. none

4. Sex Male 5. Race White ☒ Indian ☐ Negro ☐ ☐ Oriental ☐  
6. (a) Single, married, widowed or divorced single  
6. (c) Age of husband or wife, if alive none yrs.

7. Birthdate of deceased Sept 30 1919  
(Month) (Day) (Year)  
8. AGE: Years 25 Months 3 Days 20 hrs. min. If less than one day

9. Birthplace Golden State, Yugoslavia (City, town or county) (State or Country)

10. Usual Occupation invalid  
11. Industry or Business none

Father { 12. Name Nicholas Perkes  
13. Birthplace unknown Yugoslavia (City, town or county) (State or Country)  
Mother { 14. Maiden Name Annie Boderoja  
15. Birthplace unknown Austria (City, town or county) (State or Country)

16. (a) Informant's own signature Mary Pouquette  
(b) Address Wickenburg, Ariz

17. (a) Burial, Cremation or Removal removal  
(b) Place Wickenburg (c) Date 1-22 1945

18. (a) Embalmer's Signature J. J. Leonard  
(b) Funeral Director J. J. Leonard  
(c) Address 49 So 2nd Ave Glendale

19. (a) Jan 22, 1945 (Date received Local Registrar)  
(b) [Signature] (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Jan 20 1945  
TIME (Hour and minute) 7:15 A.M.

21. I hereby certify that I attended the deceased from 1-20 1945  
to 1-19 1945  
that I last saw him live on 1-19 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Multiple arthritides

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? (City or Town) \_\_\_\_\_ (County) \_\_\_\_\_ State \_\_\_\_\_

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_ (Specify type of place)

While at work? \_\_\_\_\_ Means of injury \_\_\_\_\_ M. D. \_\_\_\_\_

23. Signature [Signature] Date signed 1-22-45